GIFTED AND TALENTED
STUDENT HEALTH FORM
FOR ACADEMIC APPLICANTS

PLEASE COMPLETE THIS FORM AND BRING TO ACADEMIC TESTING SESSION ALONG WITH THE ACADEMIC SELECTIVE ENTRANCE TEST CONFIRMATION EMAIL.

IMPORTANT NOTE
The details listed on this health form can be of vital importance to the safety and well-being of your child. In an emergency it may be the only information that workshop/audition supervisors or medical professionals may have for the care or treatment of your child. Please take the time to personally fill in this form and include any and all information you believe to be relevant.

1) STUDENT DETAILS

STUDENT FAMILY NAME

GIVEN NAME/S

DATE OF BIRTH (DD/MM/YYYY) ____________

GENDER (please tick) male ____________ female ____________

HOME ADDRESS Street: ____________

Suburb/Town: ____________ Post Code: ____________

EMERGENCY CONTACT (Title) ____________ (Given Name) ____________ (Family Name) ____________

TELEPHONE (HOME) ____________ (MOBILE) ____________

RELATIONSHIP TO CHILD ____________

2) MEDICAL DETAILS

Does, or has your child ever suffered from the following (please tick):

i) ASTHMA: yes ____________ no ____________

** (If ‘yes’ individual asthma action and management equipment and medication such as peak flow meters, spacers and/or nebulisers prescribed by your family doctor must brought to the event.)

ii) ALLERGIES (including penicillin and other drug/food allergies): ____________
Details of Allergies (include specific allergy and reaction):

Last allergic episode (please describe reaction and treatment):

iii) DIABETES:  □ yes  □ no

Last Diabetic episode:
Date:  Treatment:

iv) EPILEPSY:  □ yes  □ no

Last Epileptic episode:
Date:  Treatment:

v) OTHER:  □ yes *  □ no

* If ‘yes’, details of other:

Name of family doctor:

Doctor contact number:

3) MEDICAL AUTHORISATION

In the event of injury or illness, I hereby authorise the Gifted and Talented program testing supervisors to obtain any medical attention deemed appropriate, and I agree to accept responsibility for any cost incurred. To the best of my knowledge, my child is not suffering from any contagious disease that may endanger others.

Name of parent/caregiver:

Signature of parent/caregiver:  Date: